



**LINCOLN POLICE DEPARTMENT**

575 South 10th Street Lincoln, NE 68508

402-441-7204 fax: 402-441-8492 lincoln.ne.gov

July 16, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Joysticks Arcade Bar, 350 Canopy Street requesting a class C/K liquor license.

Joshua Root has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license manager.

The required training was completed on September 13, 2012.

However, the Lincoln Police Department has concerns with regards to Mr. Root being allowed to manage another liquor establishment in the City. He currently is managing Fat Toad at 1409 "O" Street and Mix Barcade at 1427 "O" Street. He has managed the Mix Barcade for only a few months but has had an occasion of having at least one event where he had an "18-year-old-and-over" crowd. Obviously mixing minors with liquor sales is a risky business practice in general. While it can be done, it takes a great deal of monitoring and staff to appropriately manage something like this. Over my years in law enforcement, we have generally seen this practice start to take place when liquor businesses begin to struggle financially and are trying to generate more revenue.

The Fat Toad business has been managed by Mr. Root for a period of time. This establishment has been more problematic for us with individuals having some significant blood alcohol levels which have been factors in at least some of the assaults that have taken place. Since September 2012 the police department has responded to thirty (30) assault cases that have occurred within or just outside of this establishment. In my opinion, over consumption of alcohol has been a factor in these and put our citizens at a higher risk of being a victim of a crime.

Not every time when the police have handled incidents at the Fat Toad have we been successful in being able to obtain a breath test on key individuals. Sometimes individuals have left the scene and sometimes people have refused to provide one. However, I was able to compile a list



A nationally accredited law enforcement agency



of alcohol levels in individuals, from police reports, that we contacted during our calls for service at the Fat Toad or were in front of the business. Below is a list of the alcohol level and the reason for our contact with these persons since September, 2012. I believe you will also agree with me that there seems to be somewhat of an issue with some high alcohol levels.

Intoxicated party	.15 BAC	Pass out in booth	.26 BAC
Intoxicated party	.26 BAC	Assault	.20 BAC
Fight in bar	.15 BAC	Fight outside bar	.18 BAC
Disturbance in bar	.17 BAC	Intoxicated party	.24 BAC

As I have spent some time reviewing the incidents that we have dealt with at the Fat Toad I have come away with a bit of a belief that "where there is smoke, there is usually a fire".

I believe Mr. Root needs to focus on managing his current establishments and get them in order before he branches out any more. He needs to ensure that his establishment is not creating an environment where his patrons become victims of assaultive behavior. He also needs to ensure that his employees are serving alcohol responsibly.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police

**PREMISE INFORMATION**

Trade Name (doing business as) JOYSTICKS ARCADE BAR

Street Address #1 ~~300 CANOPY STREET~~ 350 Canopy Street

Street Address #2 SUITE 230

City LINCOLN

County LANCASTER #2

Zip Code 68508

\*Premise Telephone number TBA

E-mail WAITE1220@AOL.COM

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name C/O JAMIE ROOT

Street Address #1 5658 HARDING DRIVE

Street Address #2 \_\_\_\_\_

City LINCOLN

State NE

Zip Code 68521

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 58 feet

Width 30 feet

Is there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

- See Attached Please -

**APPLICANT INFORMATION****1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
JOSHUA ROOT	05/2001	LINCOLN, NE	DUI	FINE PAID

**2. Are you buying the business of a current retail liquor license?**

☐ YES ☒ NO

If yes, give name of business and liquor license number N/A

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

**3. Was this premise licensed as liquor licensed business within the last two (2) years?**

☐ YES ☒ NO

If yes, give name and license number N/A

**4. Are you filing a temporary operating permit to operate during the application process?**

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

**5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?**

☐ YES ☒ NO

If yes, list the lender(s) N/A

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

N/A

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner. N/A

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

N/A

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

N/A

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

PINNACLE BANK - RANDALL STROPE, JAMIE ROOT, JOSHUA ROOT

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

CHERRIES, INC. DBA THE FAT TOAD PUB

1409 "O" Street  
Lincoln, NE 68508 License # 086793

ETMS, INC. DBA Mix Bar + Arcade

1427 "O" Street  
Lincoln, NE 68508 License # 095271

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
JOSHUA ROOT	2000-2009	MANAGER AT MICKEY'S & DILLINGERS
JOSHUA ROOT	2009-CURRENT	MANAGER & OWNER AT THE FAT TOAD PUB AND MIX BAR & ARCADE AND RBST TRAINING AND LINCOLN CITY PERMIT
JAMIE ROOT	2011 - CURRENT	MANAGER & OWNER AT MIX BAR & ARCADE AND RBST TRAINING AND LINCOLN CITY PERMIT

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- ☒ Lease: expiration date JUNE 2019
- ☐ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business? AUGUST 29, 2013

15. What will be the main nature of business? TAVERN & RESTAURANT

16. What are the anticipated hours of operation? MON - SUN 11AM TO 3AM

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
RANDALL STROPE - LINCOLN, NE	1953	CURRENT	N/A		
JOSHUA ROOT - EAGLE, NE	1981	2002	JAMIE ROOT		
JOSHUA ROOT - LINCOLN, NE	2002	CURRENT	JAMIE ROOT		
JAMIE ROOT - LINCOLN, NE	1979	CURRENT	JOSHUA ROOT		

If necessary attach a separate sheet.

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: **ROOT**

First Name: **JOSHUA**

Home Address (include PO Box if applicable): **5658 HARDING DRIVE**

City: **LINCOLN**

County: **LANCASTER**

Zip Code: **68521**

Home Phone Number: **402-435-4142**

Business Phone Number: **402-499-9632**

Social Security Number: \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Place Of Birth: **LINCOLN, NE**

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: **ROOT**

First Name: **JAMIE**

MI: **J**

Social Security Number: \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Place Of Birth: **LINCOLN, NE**

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
JOSHUA ROOT - EAGLE, NE	1981	2002	JAMIE ROOT - LINCOLN, NE	1979	CURRENT
JOSHUA ROOT - LINCOLN, NE	2002	CURRENT	JAMIE ROOT		



# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2009	MICKEY'S IRISH PUB/DILLINGER'S	MIKE FIGUEROA	402-314-5609
2009	CURRENT	THE FAT TOAD PUB AND MIX BAR & ARCADE	SELF	

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or ~~plead guilty~~ to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
JOSHUA ROOT	05/2001	LINCOLN, NE	DUI	FINE PAID

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

CHERRIES, INC. DBA THE FAT TOAD PUB - 086793

EJMS, INC. DBA MIX BAR + ARCADE - 095271

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

prints enclosed

5. List any alcohol related training and/or experience (when and where).

EXPERIENCE AS A MANAGER/OWNER AND RBST CERTIFICATE



**APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: **RANDALL R. STROPE**

Name of Corporation that will hold license as listed on the Articles

**Y.A.M.S., INC.**

Corporation Address: **5658 HARDING DRIVE**

City: **LINCOLN** State: **NE** Zip Code: **68521**

Corporation Phone Number: **402-202-9823** Fax Number: **N/A**

Total Number of Corporation Shares Issued: **100**

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: **STROPE** First Name: **RANDALL** MI: **R**

Home Address: **3421 WOODS AVE.** City: **LINCOLN**

State: **NE** Zip Code: **68521** Home Phone Number: **402-477-2579**

*Randall R Strobe*

Signature of President/CEO

**ACKNOWLEDGEMENT**

State of Nebraska

County of **Lincoln**

**29th day of May, 2013**

Date

*Anthony W. Odem*

The foregoing instrument was acknowledged before me this

by **Randall R Strobe**

name of person acknowledge

Affix Seal



ANTHONY W. ODEM  
MY COMMISSION EXPIRES  
July 2, 2016

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: STROPE First Name: RANDALL MI: R

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: PRESIDENT Number of Shares 60

Spouse Full Name (indicate N/A if single): N/A Not Married

Spouse Social Security Number: N/A Date of Birth: N/A

*Signed  
prints  
voter*

Last Name: ROOT First Name: JAMIE MI: J

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: VICE PRESIDENT & TREASURER Number of Shares 20

Spouse Full Name (indicate N/A if single): JOSHUA J. ROOT

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed  
voter  
prints*

Last Name: ROOT First Name: JOSHUA MI: J

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: SECRETARY Number of Shares 20

Spouse Full Name (indicate N/A if single): JAMIE J. ROOT

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed  
voter  
prints*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_




Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Exhibit A

#13

**Exhibit A2**  
**Barcadia**

-  Premises
-  Outdoor Patio Area
-  Building Common Area

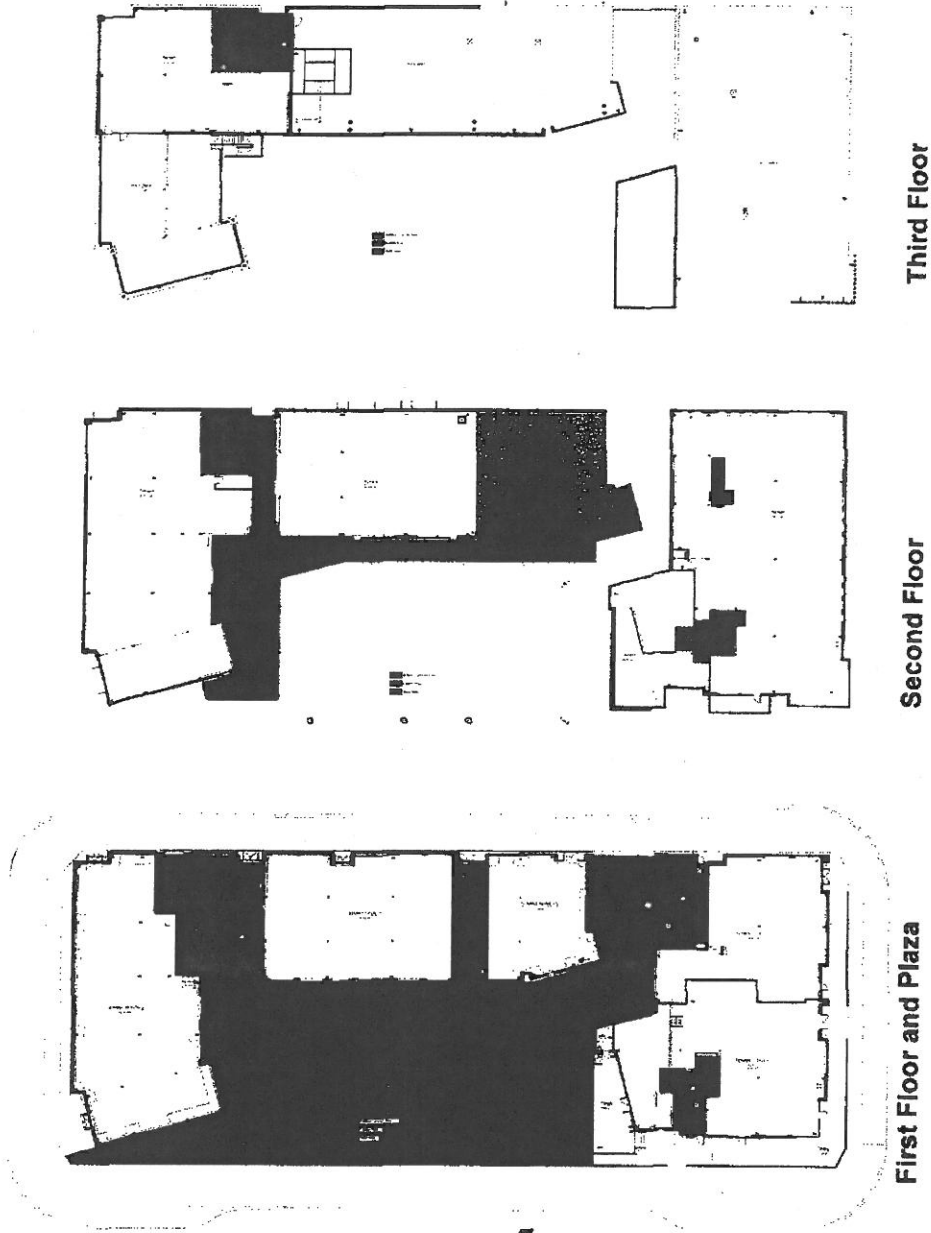
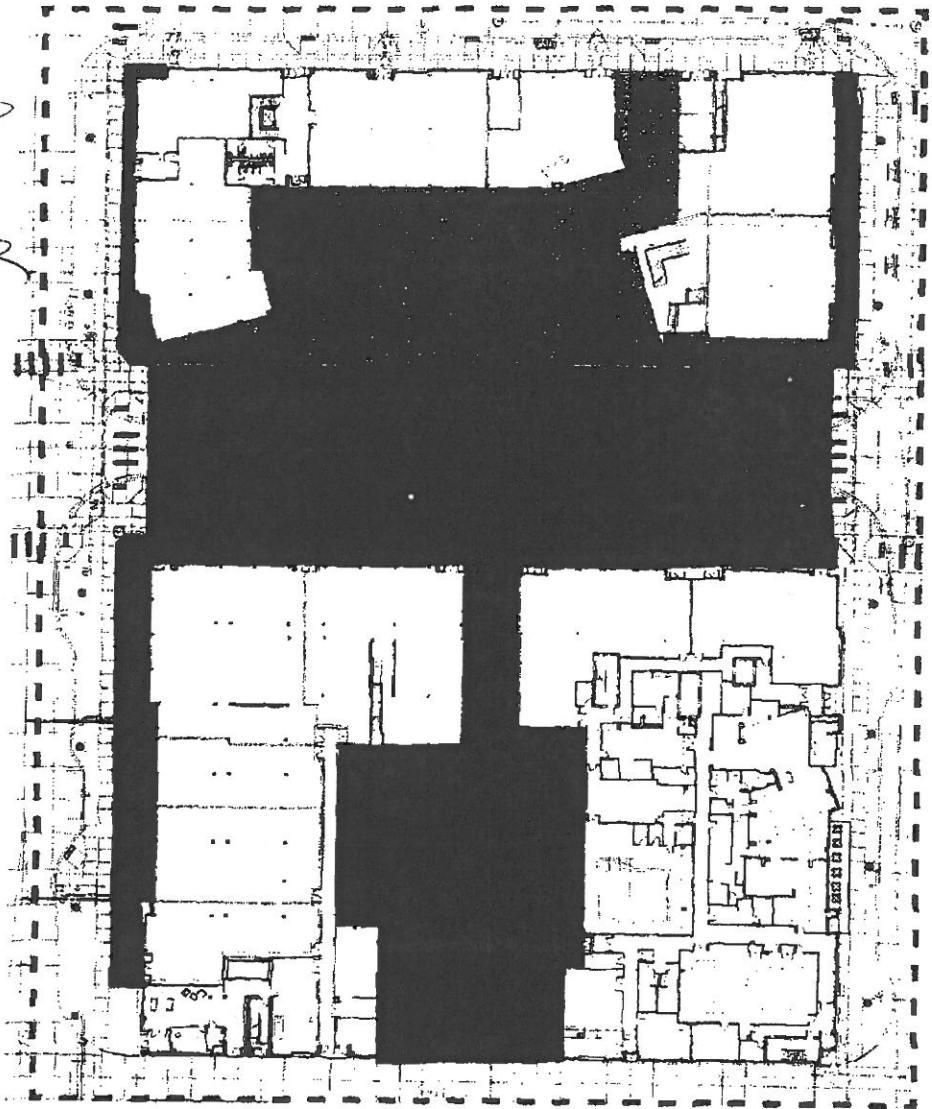


Exhibit A

#13

*Interstate  
District*



**Exhibit A3**  
**Entertainment District**  
**Site Plan**

-  Entertainment District
-  Railyard Entertainment Area
-  Special District License Area